

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8	1	7					58						
9		8					59						
10		9					60						
11	1						61						
12		1					62						
13		2					63						
14		3					64						
15		4					65						
16		5					66						
17		6					67						
18		7					68						
19		8					69						
20	1						70						
21		1					71						
22		2					72						
23		3					73						
24		4					74						
25		5					75						
26		6					76						
27		7					77						
28		8					78						
29		9					79						
30		10					80						
31		11					81						
32		12					82						
33		13					83						
34		14					84						
35		15					85						
36		16					86						
37		17					87						
38		18					88						
39		19					89						
40		20					90						
41		21					91						
42		22					92						
43		23					93						
44		24					94						
45		25					95						
46		26					96						
47		27					97						
48		28					98						
49		29					99						
50		30					100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	27						TOTAL CLAIMS						